

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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- Ensure items 1, 2, and 3 are completed.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

Signature of Addressee or Agent

B. Received By: (Printed Name) C. Date of Delivery

E. Dramal

1. Article Addressed to:

CARDINAL HEALTH, INC.
CT Corporation System
450 VETERANS MEMORIAL PKWY STE 7A
EAST PROVIDENCE RI 02914-5315 2023 JUN 12 A 11:35

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ NoU.S. DISTRICT COURT
N.D. OF ALABAMA

3. Service Type

☒ Certified Mail®

9490 9112 0620 3794 6579 83

2. Article Number (Transfer from service label)
9402 9112 0620 3794 6579 40

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

FILED

2023 Jun-12 PM 04:06
U.S. DISTRICT COURT
N.D. OF ALABAMA